Atty Dkt. No.: EXPL-004 USSN: 10/567.199

## AMENDMENTS TO THE SPECIFICATION

Between paragraphs [0019] and [0020], please add the following new paragraph:

Fig. 3 illustrates a guidewire having been inserted through a sheath according to an embodiment of the present invention described herein.

Please replace paragraph [0033] with the following paragraph:

[0033] An access sheath (e.g., 6 French introducer; Cook, Inc., Bloomington, Ind.), a hollow tube that fits through the skin to form a temporary pathway to the peritoneal cavity, is then inserted over the microwire. The microwire is then removed, leaving the access sheath in place. A guidewire <u>5 (see Fig. 3)</u> (e.g., 0.035 in stiff regular or hydrophilic; Boston Scientific, Natick, Mass.) is then inserted through the access sheath <u>3</u> to provide additional support. The opening in the abdominal wall is progressively dilated with dilators (Cook, Inc. Bloomington, Ind.) from 6-14 French. When the opening is sufficiently large, a larger access sheath (e.g., 14 Fr peel-away sheath, Cook, Inc. Bloomington, Ind.) is placed over the 0.035 in stiff guidewire, and the dilator and guidewire are removed. Air is then evacuated from the stomach through the nasogastric tube to provide space for the gastric compression assembly 2.

## CLEAN VERSIONS OF THE ABOVE AMENDMENTS TO THE SPECIFICATION

Between paragraphs [0019] and [0020], please add the following new paragraph:

Fig. 3 illustrates a guidewire having been inserted through a sheath according to an embodiment of the present invention described herein.

Please replace paragraph [0033] with the following paragraph:

[0033] An access sheath (e.g., 6 French introducer; Cook, Inc., Bloomington, Ind.), a hollow tube that fits through the skin to form a temporary pathway to the peritoneal cavity, is then inserted over the microwire. The microwire is then removed, leaving the access sheath in place. A guidewire 5 (see

Atty Dkt. No.: EXPL-004 USSN: 10/567.199

Fig. 3) (e.g., 0.035 in stiff regular or hydrophilic; Boston Scientific, Natick, Mass.) is then inserted through the access sheath 3 to provide additional support. The opening in the abdominal wall is progressively dilated with dilators (Cook, Inc. Bloomington, Ind.) from 6-14 French. When the opening is sufficiently large, a larger access sheath (e.g., 14 Fr peel-away sheath; Cook, Inc. Bloomington, Ind.) is placed over the 0.035 in stiff guidewire, and the dilator and guidewire are removed. Air is then evacuated from the stomach through the nasogastric tube to provide space for the gastric compression assembly 2.